



## **COMMANDER'S PERMISSION for** **REFRACTIVE SURGERY**

CRDAMC Refractive Eye Surgery Center, Phone 254-286-7952



This soldier is interested in eye surgery to reduce his/her need for corrective lenses.

Rank

Name

SSN

☐ Combat Arms  
☐ Noncombat Arms  
MOS Type

1. This soldier's earliest potential deployment date is \_\_\_\_\_ (DDMMYY).
2. Required Army obligation:
  - a. Soldier has at least 18 months remaining on active duty.
  - b. Soldier is not scheduled to PCS in the next 6 months.
  - c. Soldier has no adverse personnel actions pending.
  - d. Soldier will not deploy for at least 90 days after PRK (corneal laser surgery).
  - e. Soldier will not deploy for at least 42 days after LASIK (corneal laser surgery).
  - f. Soldier will not deploy for at least 30 days after ICL (intraocular collamer lens implantation) surgery.
3. After refractive surgery this soldier will get a temporary profile to which the undersigned will adhere:
  - a. No organized PT for 30 days.
  - b. No living in tents or working in windy, dusty or sunny environs for 30 days.
  - c. No wearing of protective NBC mask or face paint for 30 days.
  - d. No swimming, firing weapons or driving military vehicles for 30 days.
  - e. Sunglasses should be worn outdoors & in bright lights for one year after PRK.
  - f. No deployments for 3 months after PRK, 6 weeks after LASIK & 30 days after ICL surgery.
4. This soldier will make all follow-up appointments while on profile to ensure proper healing.
5. The undersigned will notify the Refractive Surgery Center immediately if the soldier's circumstances change & he/she no longer meets the above criteria.
6. This endorsement is valid for 3 months. If surgery cannot be performed within the next 3 months, a new endorsement must be completed by the soldier & his commander(s).
7. By signing below, you have agreed to comply with all the above statements. See our website for more information concerning PRK & LASIK at Fort Hood, <http://www.crdamc.amedd.army.mil/default.asp?page=lasik#HowTo>.

**Soldier's Signature→** \_\_\_\_\_

**Company CDR's Signature Block**

**Battalion CDR's Signature Block**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail Address

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E-mail Address

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Date of Signature

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Date of Signature